

REISSUE APPLICATION DECLARATION BY THE INVENTOR

Docket Number (Optional)

2271/46440-B

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is described and claimed in patent number 5,870,370, granted February 9, 1999, and for which a reissue patent is sought on the invention entitled OPTICAL PICKUP APPARATUS

the specification of which

☒ is attached hereto.

☐ was filed on _____ as reissue application number _____
and was amended on _____
(If applicable)

I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I verily believe the original patent to be wholly or partly inoperative or invalid, for the reasons described below. (Check all boxes that apply.)

☐ by reason of a defective specification or drawing.

☒ by reason of the patentee claiming more or less than he had the right to claim in the patent.

☐ by reason of other errors.

At least one error upon which reissue is based is described as follows:

1. The inadvertent failure to include a claim, such as claim 15, that is otherwise similar to claim 1 but does not recite that the flux separating element is formed of a birefringent material, or a claim such as claim 21 that does not recite the use of a birefringent material (as does claim 1) or the use of a laser and a light-receiving element formed in a single stem (as does claim 11); and
2. The inadvertent failure to include method claims such as claims 25-28.

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Burden Hour Statement: This form is estimated to take 0.5 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

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Docket Number (Optional)

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All errors corrected in this reissue application arose without any deceptive intention on the part of the applicant. As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith.

Name(s)

Registration Number

Ivan S. Kavrukov 25,161

Richard F. Jaworski 33,515

Correspondence Address: Direct all communications about the application to:

☐ Customer Number

OR

Type Customer Number here

Place Customer Number Bar
Code Label here

<input checked="" type="checkbox"/> Firm or Individual Name	Ivan S. Kavrukov, Esq.				
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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine and imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this declaration is directed.

Full name of sole or first inventor (given name, family name)

Yoshitaka TAKAHASHI

Inventor's signature *Yoshitaka Takahashi*

Residence Yokohama-shi, Japan

Date April 20, 2000

Post Office Address Same as Residence

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Full name of second joint inventor (given name, family name)

Hiroshi AKIYAMA

Inventor's signature *Hiroshi Akiyama*

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Full name of third joint inventor (given name, family name)

Masami EMOTO

Inventor's signature *Masami Emoto*

Date April 20, 2000

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☐ Additional joint inventors are named on separately numbered sheets attached hereto.